

## Checklist 2.1-001-01-ALL Confined Space Entry Checklist & Permit

<b>Ship's Name:</b> _____		<b>Ship's Location:</b> _____	
<b>Location of Work- Space / Tank Number(s):</b>			
<b>Adjacent (Boundary) Space / Tank Number(s):</b>			
<b>Description of work to be undertaken:</b>			
<input type="checkbox"/> Inspection	Of: _____		
<input type="checkbox"/> Mechanical Repair	To: _____		
<input type="checkbox"/> Cleaning / Washing	To: _____		
<input type="checkbox"/> Hot Work repair	To: _____		
<input type="checkbox"/> Painting and Preservation	Of: _____		
<input type="checkbox"/> Other (Describe):    			
<b>Isolation of confined space (as applicable):</b>			
<input type="checkbox"/> Piping Systems (water, steam, fuel, cargo, etc.)	Lock-outs / tag # placed at: _____		
<input type="checkbox"/> Mechanical/electrical drives secured	Lock-outs / tag # placed at: _____		
<input type="checkbox"/> Sludge/deposits/waste removed	Removed by or deemed N/A by: _____		
<input type="checkbox"/> Harmful materials identified	List materials, if any: _____		
<input type="checkbox"/> Electrical supply hazards identified	Lock-outs / tag # placed at: _____		
<input type="checkbox"/> Warning notices posted, locks and tags in place after isolation	Verified by: _____		
<b>Pre-Entry/Rescue Preparations:</b>			
<input type="checkbox"/> Ventilation	System ventilated from: _____ to: _____		
<input type="checkbox"/> Oxygen Content	Date/time by _____ via: _____		
<input type="checkbox"/> Gas Free Certificate Posted	<b>Current Through: Date _____ Time _____</b>		
<input type="checkbox"/> Rescue Plan Developed and Briefed	Briefed by: _____ @ _____ Date/time _____		
<input type="checkbox"/> Blocks (as needed)	On location @ _____ Date _____ Time _____		
<input type="checkbox"/> Tending Lines and Harnesses (as needed)	Number provided: _____		
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<input type="checkbox"/> Intrinsically Safe Lighting and Radios	Numbers provided:
<input type="checkbox"/> CPR Qualified Individual and Rescue Litter	Name of CPR qualified individual: _____ Litter provided:
<input type="checkbox"/> SCBAs and Backup Bottles (As needed)	Number of SCBAs provided: Number of backup bottles provided:
Shore Organization _____ Phone: _____	Names of Shipboard Rescue Team members:  Hazard to rescuers:
<input type="checkbox"/> Shore based Rescue Team Contact Information (in case shore-based response may be called for)	Potential anchor points for rigging rescue equipment:
<input type="checkbox"/> Emergency Signal Established with Tank Workers, Standby Person, Watch Officer, Rescue Team, and Chief Mate	
<input type="checkbox"/> Communications Check with Tank, Standby Person, and Chief Mate	
<input type="checkbox"/> Completed Hot Work Permit (SMS Checklist 2.1-010-01-ALL)	Dated _____ Time: _____
<b>Likely Hazards:</b>	
<input type="checkbox"/> Electrocution	Source or N/A:
<input type="checkbox"/> Paints or Solvents	Source or N/A:
<input type="checkbox"/> Hydrocarbons	Source or N/A:
<input type="checkbox"/> Piping Gasses or Sludge	Source or N/A:
<input type="checkbox"/> Sewage	Source or N/A:
<input type="checkbox"/> Decaying Food or Other Decaying Organic Substances	Source or N/A:
Other (Describe):          	

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<b>Personal Protective Equipment (PPE)</b>	
<input type="checkbox"/> Proper respirator cartridge for contaminant	Type: _____ determined by: _____
<input type="checkbox"/> Eye protection/hand protection/ foot protection	Type: _____ determined by: _____
<input type="checkbox"/> Protective clothing	Type: _____ determined by: _____
<input type="checkbox"/> Hearing protection	Type: _____ determined by: _____
<input type="checkbox"/> Hard hat	Type: _____ determined by: _____
<input type="checkbox"/> <b>Gas free Certificate Posted by: _____ @ _____</b>	
<input type="checkbox"/> <b>If applicable, SMS Checklist 2.1-010-01-ALL, Hot Work Permit Completed and Posted.</b>	
<input type="checkbox"/> <b>Stand by Person, Name &amp; Position:</b>	
<input type="checkbox"/> <b>Time First Person Enters: _____ Time Last Person Exits: _____</b>	
<b>Chief Engineer</b> _____	<b>signature</b>
<b>Watch Officer</b> _____	<b>signature</b>
<b>Duty Engineer</b> _____	<b>signature</b>
<b>Chief Mate</b> _____	<b>signature</b>
<b><u>MASTER'S APPROVAL:</u></b>	
<b>The confined space described above is in my opinion a safe space for the work to be done, provided the precautions above are fully observed.</b>	
<b>MASTER'S NAME: (print)</b> _____	
<b>SIGNATURE</b> _____	
<b>Date:</b> _____	<b>Time</b> _____

Note: Retention of this checklist / permit is required for 1 year as per 29 CFR 1910.146 and will be filed in the GFE Notebook.

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